

**CANDIDATES REQUIRED TO FILE A
PERSONAL FINANCIAL DISCLOSURE STATEMENT (PFD)**

Subdivision Name: _____

Address: _____

City/State/Zip: _____

Contact Name: _____ **Phone:** _____

Complete the following:

1. Indicate the date of your election and the closing date of filing in the space below:
Election date: _____ Closing date for filing: _____
2. Please indicate the filing status of candidates filing for office in Missouri and sign.
☐ No candidates are required to file a PFD/Financial Interest Statement.
☐ Candidates are required to file PFD/Financial Interest Statement.
3. For each candidate required to file, please complete (print or type) the information below.

| CANDIDATE NAME | TITLE/POSITION | MAILING ADDRESS |
|----------------|----------------|-----------------|
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4. Please sign:
Authorized Signature: _____
5. Return this form to the **Missouri Ethics Commission** within 48 hours of the closing date of filing, either by mail: **PO Box 1370, Jefferson City, MO 65102** or by **FAX (573) 526-4506**.